

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	DETECTION OF FUNCTION OF IMPLANTED MEDICAL DEVICES
Attorney Docket Number::	066243-0223 (128637IT)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Donald E.
Family Name::	Brodnick
City of Residence::	Cedarburg

State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: N75 W7115 Linden St.
City of mailing address:: Cedarburg
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53012

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David G.
Family Name:: Hernke
City of Residence:: Sussex
State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: N74 W24333 Viola Ct.
City of mailing address:: Sussex
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53089

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian J.
Family Name:: Young

City of Residence:: Germantown
State or Province of Wisconsin
Residence::
Country of Residence:: US
Street of mailing address:: N105 W17040 Old Farm Road
City of mailing address:: Germantown
State or Province of mailing WI
address::
Postal or Zip Code of mailing 53022
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David E.
Family Name:: Albert
City of Residence:: Oklahoma City
State or Province of Oklahoma
Residence::
Country of Residence:: US
Street of mailing address:: 1508 Guilford Lane
City of mailing address:: Oklahoma City
State or Province of mailing OK
address::
Postal or Zip Code of mailing 7312
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert T.

Family Name:: Wolfe
City of Residence:: Elm Grove
State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: 13070 W. Bluemound Road #301
City of mailing address:: Elm Grove
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James M.
Family Name:: Gray
City of Residence:: Fox Point
State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: 910 E. Hyde Way
City of mailing address:: Fox Point
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53217

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Paul S.
Family Name:: Schluter
City of Residence:: Whitefish Bay
State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: 5057 N. Palisades Road
City of mailing address:: Whitefish Bay
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53217

Correspondence Information

Correspondence Customer Number:: 33679
E-Mail address:: PTOMailMilwaukee@FoleyLaw.com

Representative Information

Representative Customer Number::	33679	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

GE Medical Systems Information
Technologies, Inc.